

**CLAIM OF  
BENEFICIAL USE  
for Ground Water Permits  
claiming 0.1 cfs or less**



**Oregon Water Resources Department**  
725 Summer Street NE, Suite A  
Salem, Oregon 97301-1266  
(503) 986-0900  
[www.oregon.gov/OWRD](http://www.oregon.gov/OWRD)

**A fee of \$230 must accompany this form for permits  
with priority dates of July 9, 1987, or later.**

**A separate form shall be completed for each permit.**

*In cases where a permit has been amended through the permit amendment process, a separate claim for the permit amendment is not required. Incorporate the permit amendment into the claim for the permit.*

This form is subject to revision. Begin each new claim by checking for a new version of this form at:  
<https://www.oregon.gov/OWRD/Forms/Pages/default.aspx>

The completion of this form is required by OAR 690-014-0100(1) and 690-014-0110(4).

Please type or print in dark ink. If this form is found to contain errors or omissions, it may be returned to you. **Every item must have a response.** If any requested information does not apply to the claim, insert "NA." **Do not delete or alter any section of this form unless directed by the form.** The Department may require the submittal of additional information from any water user or authorized agent.

"Section 8" of this form is intended to aid in the completion of this form and should not be submitted.

If you have questions regarding the completion of this form, please call 503-979-9103.

The Department has a program that allows it to enter into a voluntary agreement with an applicant for expedited services. Under such an agreement, the applicant pays the cost to hire additional staff that would not otherwise be available. This program means a certificate may be issued in about a month.

For more information on this program see

<https://www.oregon.gov/OWRD/programs/WaterRights/RA/Pages/default.aspx>

(See Certificate Resources)

**SECTION 1**

**GENERAL INFORMATION**

**1. File Information:**

APPLICATION #	PERMIT # (IF APPLICABLE)	PERMIT AMENDMENT # (IF APPLICABLE)
<b>G-17610</b>	<b>G-17096</b>	

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**2. Property Owner (current owner information):**

APPLICANT/BUSINESS NAME <b>Steve Camerer C/O River Road Park and Recreation</b>		PHONE NO. <b>541-359-8658</b>	ADDITIONAL CONTACT NO.
ADDRESS <b>1400 Lake Drive</b>			
CITY <b>Eugene</b>	STATE <b>OR</b>	ZIP <b>97404</b>	E-MAIL

If the current property owner is not the permit holder of record, it is recommended that an assignment be filed with the Department. ***Each*** permit holder of record must sign this form.

**3. Permit holder of record (this may, or may not, be the current property owner):**

PERMIT HOLDER OF RECORD <b>Steve Camerer C/O River Road Park and Recreation</b>			
ADDRESS <b>1400 Lake Drive</b>			
CITY <b>Eugene</b>	STATE <b>OR</b>	ZIP <b>97404</b>	

ADDITIONAL PERMIT HOLDER OF RECORD			
ADDRESS			
CITY	STATE	ZIP	

**4. Date of Site Inspection:**

<b>Sept. 21, 2022</b>
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**5. Person(s) interviewed and description of their association with the project:**

NAME	DATE	ASSOCIATION WITH THE PROJECT
<b>Steve Camerer</b>	<b>9-21-2022</b>	<b>Maintenance Director</b>

**6. County:**

<b>Lane</b>
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**7. If any property described in the place of use of the permit final order is excluded from this report, identify the owner of record for that property (ORS 537.230(5)):**

OWNER OF RECORD			
ADDRESS			
CITY	STATE	ZIP	

Add additional tables for owners of record as needed

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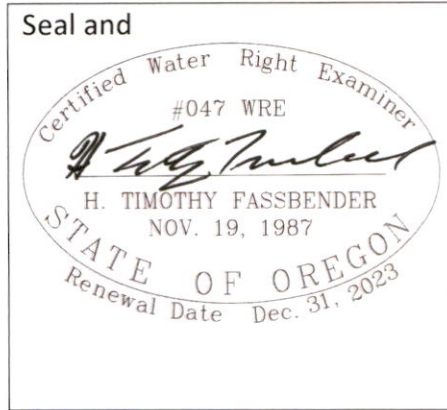
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**SECTION 2  
SIGNATURES**

CWRE Statement, Seal and Signature

The facts contained in this Claim of Beneficial Use are true and correct to the best of my knowledge.



CWRE NAME <b>H. Timothy Fassbender</b>		PHONE NO. <b>541-485-3136</b>	ADDITIONAL CONTACT NO. <b>541-913-0216</b>
ADDRESS <b>2896 Sarah Lane</b>			
CITY <b>Eugene</b>	STATE <b>OR</b>	ZIP <b>97408</b>	E-MAIL <b>htimfass@aol.com</b>

Permit Holder's of Record Signature or Acknowledgement

***Each** permit holder of record must sign this form in the space provided below.*

The facts contained in this Claim of Beneficial Use are true and correct to the best of my knowledge. I request that the Department issue a water right certificate.

SIGNATURE	PRINT OR TYPE NAME	TITLE	DATE
	<b>Steve Camerer</b>	<b>Manager</b>	<b>7-10-23</b>

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**SECTION 3**  
**CLAIM DESCRIPTION**

**1. Point(s) of Appropriation (POA):**

POA NAME OR NUMBER (CORRESPOND TO MAP)	WELL LOG ID # FOR ALL WORK PERFORMED ON THE WELL (IF APPLICABLE)	WELL TAG # (IF APPLICABLE)
POD	Lane 73012	L113932

Attach each well log available for the well (include the log for the original well and any subsequent alterations, reconstructions, or deepenings)

**2. Developed use(s), period of use, and rate for each use:**

POA NAME OR NUMBER	USES	IF IRRIGATION, LIST CROP TYPE	SEASON OR MONTHS WHEN WATER WAS USED	ACTUAL RATE OR VOLUME USED (CFS, GPM, OR AF)
POD	Irrigation	Lawn	March thru Oct	0.12 CFS
<b>Total Quantity of Water Used</b>				<b>0.12 CFS</b>

**3. Provide a general narrative description of the distribution works.** This description must trace the water system from **each** point of appropriation to the place of use:

**Water pumped from well into underground irrigation system and above ground hose sprinkler system for lawn and flower bed area of park property.**

Reminder: The map associated with this claim must identify the location of the point(s) of diversion, Donation Land Claims (DLC), Government Lots (GLot), and Quarter-Quarters (QQ).

**4. Variations:**

Was the use developed differently from what was authorized by the permit, permit amendment final order, or extension final order? If yes, describe below.

**NO**

(e.g. "The permit allowed three points of diversion. The water user only developed one of the points." or "The permit allowed 40.0 acres of irrigation. The water user only developed 10.0 acres.")

**5. Claim Summary:**

POD / POA NAME OR #	MAXIMUM RATE AUTHORIZED	CALCULATED THEORETICAL RATE BASED ON SYSTEM	AMOUNT OF WATER MEASURED	USE	# OF ACRES ALLOWED	# OF ACRES DEVELOPED
POD	0.06 CFS	0.29 CFS	0.124 CFS	Irrigation	4.75 ac	4.75 ac

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**SECTION 4**  
**SYSTEM DESCRIPTION**

Are there multiple POAs?

**NO**

If "YES" you will need to copy and complete a separate Section 4 for each POA.

POA Name or Number this section describes (only needed if there is more than one):

POD

**A. Place of Use**

Attach Claim of Beneficial Use map.

Reminder: The map associated with this claim must identify Donation Land Claims (DLC), Government Lots (Gov Lot), Quarter-Quarters (QQ), and if for irrigation, the number of acres irrigated within each projected DLC, Gov Lot, and QQ.

**B. Groundwater Source Information (Well)**

1. Is the appropriation from a well?

**YES**

If "NO", items 2 through 4 relating to this section may be deleted.

2. Describe the access port (type and location) or other means to measure the water level in the well:

Well head cover removed to access inside well.

3. If well logs are not available, provide as much of the following information as possible:

CASING DIAMETER	CASING DEPTH	TOTAL DEPTH	COMPLETION DATE OF ORIGINAL WELL	COMPLETION DATES OF ALTERATIONS	WHO THE WELL WAS DRILLED FOR	WELL DRILLED BY
See Well log attached						

4. In addition to the information requested in item "3" above, provide any other information which may help the Department locate any well logs associated with this appropriation.

**C. Groundwater Source Information (Sump)**

1. Is the appropriation from a dug well (sump)?

**NO**

**D. Appropriation and Delivery System Information**

Provide the following information concerning the appropriation and delivery system. Information provided must describe the equipment used to transport and apply the water from the point of appropriation to the place of use.

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1. Is a pump used?

YES

If "NO" items 2 through item 5 may be deleted.

2. Pump Information:

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)
Gould	120L	Not Available	Submersible

3. Theoretical Pump Capacity:

HORSEPOWER	OPERATING PSI	LIFT FROM SOURCE TO PUMP *IF A WELL, THE WATER LEVEL DURING PUMPING	LIFT FROM PUMP TO PLACE OF USE	TOTAL PUMP OUTPUT (IN CFS)
7.5	60 psi	0	27	0.29 cfs

4. Provide pump calculations:

$$(7.5)(7.04)/(27-60) = 0.29cfs$$

5. Measured Pump Capacity (using meter if meter was present and system was operating):

INITIAL METER READING	ENDING METER READING	DURATION OF TIME OBSERVED	TOTAL PUMP OUTPUT (IN CFS)
No meter required or installed			

Reminder: For pump calculations use the reference information at the end of this document.

6. Sprinkler Information:

SIZE	OPERATING PSI	SPRINKLER OUTPUT (GPM)	TOTAL NUMBER OF SPRINKLERS	MAXIMUM NUMBER USED	TOTAL SPRINKLER OUTPUT (CFS)
1/4" noozle dia	50 psi	12.8 gpm	50	10	0.28
	30 psi	4.6 gpm	24	8	0.08
	30 psi	0.79 gpm	48	24	0.04
	50 psi	3.58 gpm	8	4	0.03

Reminder: For sprinkler output determination use the reference information at the end of this document.

7. Drip Emitter Information:

SIZE	OPERATING PSI	EMITTER OUTPUT (GPM)	TOTAL NUMBER OF EMITTERS	MAXIMUM NUMBER USED	TOTAL EMITTER OUTPUT (CFS)
none					

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**8. Drip Tape Information:**

DRIPPER SPACING IN INCHES	GPM PER 100 FEET	TOTAL LENGTH OF TAPE	MAXIMUM LENGTH OF TAPE USED	TOTAL TAPE OUTPUT (CFS)	ADDITIONAL INFORMATION
none					

**E. Storage**

1. Does the distribution system include in-system storage (i.e. storage tank, bulge in system / reservoir)?

**NO**

**F. Gravity Flow Pipe**

(THE DEPARTMENT TYPICALLY USES THE HAZEN-WILLIAM'S FORMULA FOR A GRAVITY FLOW PIPE SYSTEM)

1. Does the system involve a gravity flow pipe?

**NO**

**G. Gravity Flow Canal or Ditch**

(THE DEPARTMENT TYPICALLY USES MANNING'S FORMULA FOR CANALS AND DITCHES)

1. Is a gravity flow canal or ditch used to convey the water as part of the distribution system?

**NO**

**H. Additional notes or comments related to the system:**

System is zoned into divisions that only allow one set of limited sprinklers run at one time.

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## SECTION 5 CONDITIONS

All conditions contained in the permit, permit amendment, or any extension final order shall be addressed. Reports that do not address all performance related conditions will be returned.

### 1. Time Limits:

Permits and any extension final orders contain any or all of the following dates: the date when the actual construction work was to begin, the date when the construction was to be completed, and the date when the complete application of water to the proposed use was to be completed. These dates may be referred to as ABC dates. Describe how the water user has complied with each of the development timelines established in the permit or extension final order:

	DATE FROM PERMIT	DATE ACCOMPLISHED*	DESCRIPTION OF ACTIONS TAKEN BY WATER USER TO COMPLY WITH THE TIME LIMITS
ISSUANCE DATE	<b>Oct 24, 2013</b>		
BEGIN CONSTRUCTION (A)	<b>Oct 24, 2014</b>	<b>March 2014</b>	<b>Well drilled and pump placed</b>
COMPLETE CONSTRUCTION (B)	<b>Oct 24, 2015</b>	<b>May 2015</b>	<b>Irrigation system installed</b>
COMPLETE APPLICATION OF WATER (C)	<b>Oct 24, 2018</b>	<b>May 2015</b>	<b>System completed and working</b>

\* MUST BE WITHIN PERIOD BETWEEN PERMIT OR ANY EXTENSION FINAL ORDER ISSUANCE AND THE DATE TO COMPLETELY APPLY WATER

2. Is there an extension final order(s)? **NO**

### 3. Initial Water Level Measurements:

a. Was the water user required to submit an initial static water level measurement? **NO**

### 4. Annual Static Water Level Measurements:

a. Was the water user required to submit annual static water level measurements? **NO**

### 5. Pump Test:

a. Is a pump test required? **YES**

Ground water permits with priority dates on or after December 20, 1988, require the submittal of a pump test prior to issuance of a certificate. In some cases, the permit holder may qualify for a multiple well exemption or an unreasonable burden exemption.

For additional information regarding pump tests see:

<https://www.oregon.gov/OWRD/programs/GWWL/GW/Pages/PumpTestProgram.aspx>

*If "NO", items b through e relating to this section may be deleted.*

b. Has the pump test been previously submitted to the Department? **NO**

c. Is the pump test attached to this claim? **YES**

d. Has the pump test been approved by the Department? **NO**

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e. Has a pump test exemption been approved by the Department? **NO**

**\*\*The Claim will not be reviewed until a pump test or exemption has been approved by the Department.**

**6. Measurement Conditions:**

a. Does the permit, permit amendment, or any extension final order require the installation of a meter or approved measuring device? **NO**

**7. Recording and reporting conditions:**

a. Is the water user required to report the water use to the Department? **NO**

**8. Other conditions required by permit, permit amendment final order, or extension final order:**

a. Were there special well construction standards? **NO**

b. Was submittal of a ground water monitoring plan required? **NO**

c. Was a Well Identification Number (Well ID tag) assigned and attached to the well? **YES**

WELL ID #	DATE ATTACHED TO WELL
<b>L 113932</b>	<b>Yes</b>

d. Other conditions? **NO**

If "YES" to any of the above, identify the condition and describe the water user's actions to comply with the condition(s):

**Well tag secured to outside of well casing above ground**

**SECTION 6  
ATTACHMENTS**

Provide a list of any additional documents you are attaching to this report:

ATTACHMENT NAME	DESCRIPTION
<b>Well Log</b>	<b>Well log</b>
<b>Pump test</b>	<b>Pump test results</b>

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## SECTION 7

### CLAIM OF BENEFICIAL USE MAP

The Claim of Beneficial Use Map must be submitted with this claim. Claims submitted without the Claim of Beneficial Use map will be returned. The map shall be submitted on poly film at a scale of 1" = 1320 feet, 1" = 400 feet, or the original full-size scale of the county assessor map for the location.

Provide a general description of the survey method used to prepare the map. Examples of possible methods include, but are not limited to, a traverse survey, GPS, or the use of aerial photos. If the basis of the survey is an aerial photo, provide the source, date, series and the aerial photo identification number.

**A combination of Traverse Survey, GPS and Aerial photos used to complete site survey.**

### Map Checklist

Please be sure that the map you submit includes ALL the items listed below.  
**(Reminder: Incomplete maps and/or claims may be returned.)**

- Map on polyester film.
- Appropriate scale (1" = 400 feet, 1" = 1320 feet, or the original full-size scale of the county assessor map)
- Township, Range, Section, Donation Land Claims, and Government Lots
- If irrigation, number of acres irrigated within each projected Donation Land Claims, Government Lots, Quarter-Quarters
- Locations of meters and/or measuring devices in relationship to point of diversion or appropriation.
- Conveyance structures illustrated (pumps, reservoirs, pipelines, ditches, etc.)
- Point(s) of diversion or appropriation (illustrated and coordinates)
- Tax lot boundaries and numbers
- Source illustrated if surface water
- Disclaimer ("This map is not intended to provide legal dimensions or locations of property ownership lines")
- Application and permit number or transfer number
- North arrow
- Legend
- CWRE stamp and signature

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# PUMP TEST FORM DATA SHEET

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WELL LOG # (EX: MARI 99999)	WELL TAG # (EX: L-999999)	WELL NAME OR #	WELL DEPTH	ORIGINAL OWNER	DATE DRILLED	TEST DATE
Lane 73012	L- 113932	POD 1	98 ft	River Road Parks	3-14-2014	7-3-23

Date	Time	Time Since Pumping Started (min)	Depth to Water Below MP	Discharge Rate (gpm, cfs, <small>GPM</small> )	Phase (Pre-Test, Pumping, Recovery)	Airline or Shut-in Pressure (psi)	Flowmeter Reading (if available)	Comments
7-3-23	6:00	0	16' 1/2"	0	Pre-test			
	6:20	0	16' 1/2"	0	Pre-test			
	6:40	0	16' 1/2"	0	Pre-test			
	7:00	0	16' 1/2"	56	Pumping			
	7:02	2 min	24' 1 1/2"	56	Pumping			
	7:04	4 min	24' 8"	56	Pumping			
	7:06	6 min	25' 2"	56	Pumping			
	7:08	8 min	25' 3"	56	Pumping			
	7:10	10 min	22' 10"	56	Pumping			
	7:15	15 min	17' 6"	56	Pumping			
	7:20	20 min	17' 0"	56	Pumping			
	7:25	25 min	20' 0"	56	Pumping			
	7:30	30 min	19' 5"	56	Pumping			
	7:45	45 min	19' 1/2"	56	Pumping			
	8:00	60 min	19' 8"	56	Pumping			
	8:15	75 min	19' 4"	56	Pumping			
	8:30	90 min	22' 1"	56	Pumping			
	8:45	105 min	23' 9"	56	Pumping			
	9:00	120 min	19' 6"	56	Pumping			
	9:15	135 min	21' 8"	56	Pumping			
	9:30	150 min	23' 0"	56	Pumping			
	9:45	165 min	23' 3"	56	Pumping			
	10:00	180 min	22' 8"	56	Pumping			
	10:15	195 min	21' 6"	56	Pumping			
	10:30	210 min	24' 3"	56	Pumping			
	10:45	225 min	20' 5"	56	Pumping			
	11:00	240 min	22' 1"	56	Pumping			
	11:02	242 min	20' 2"	0	Recovery			
	11:04	244 min	17' 1"	0	Recovery			
	11:06	246 min	16' 0"	0	Recovery			
	11:08	248 min	16' 1"	0	Recovery			
	11:10	250 min	16' 3"	0	Recovery			
	11:15	255 min	16' 4"	0	Recovery			
	11:20	260 min	16' 3"	0	Recovery			
	11:25	265 min	16' 3"	0	Recovery			
	11:30	270 min	16' 2"	0	Recovery			
	11:45	285 min	16' 2"	0	Recovery			
	12:00	300 min	16' 1"	0	Recovery			





